

Library

CAMELFORD RURAL DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1 9 5 5



Health Area Office,
LAUNCESTON.
Cornwall

WILLIAM PATERSON, M.B., Ch.B., D.P.H.
Medical Officer of Health

CAMELFORD RURAL DISTRICT COUNCIL

Members of the Public Health Committee 1955:

Mrs J.B. Whitehouse - Chairman	
J.A.M. Kent, Vice-Chairman	
H. Bray	S.J. Biddick
J.F. Lord	A.R. Hansford
H. Northcott	J. Matthews
M. Olde	T.C. Oates
J.R. Collett	W.E. Parsons
J. Setchell	Mrs J.M. Symons
J.W.P. Coggin	W. Boney
R.E. Elson	E. Dennis
Mrs K. Garbett	J. Ward
W.J. Hawken	W.J. Harris
G.A. Iles	F. Heard
T.B. Wakeham, Jnr.	W.H. Venning
W. Colwill	F.J.W. Whiting
A.S. McPherson	W. Ward

Public Health Officers of the Local Authority:

Medical Officer of Health: W. Paterson, M.B.,Ch.B.,D.P.H.

also holds appointments of:

Medical Officer of Health - Launceston Rural District Council
Launceston Borough Council
Bude/Stratton Urban District Council
Stratton Rural District Council

Assistant County Medical Officer: Area 6 Cornwall County Council
School Medical Officer: Cornwall County Council

Sanitary Inspector:

R.R. Haylett, A.R.San.I.,M.S.I.A.

SUMMARY OF VITAL STATISTICS

Area (in acres)	52,544
Population	7,340
No. of separate Dwellings occupied	2,258
Rateable Value 1954	£44,159
Product of ld. rate	£175 (estimate)

<u>Live Births</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Rate per 1,000 estimated population</u>
Legitimate	88	43	45	12.26
Illegitimate	2	1	1	

Stillbirths

Deaths (all causes)

101	51	50	13.76
-----	----	----	-------

Deaths From: Puerperal Causes - NIL
Puerperal and post abortive - NIL
Sepsis - NIL
Other Puerperal Causes - NIL

Infant Mortality (Deaths under 1 year per 1,000 live births) 3 males
Rate: 33.33

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	3	6	14
Measles (all ages)		NIL	
Whooping Cough (all ages)		NIL	
Diarrhoea (under 2 years)		NIL	

To the Chairman and Councillors of the Rural District of Camelford:

Madam Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health on the health and sanitary circumstances of the Rural District for the year 1955.

The number of births during the year showed a decrease compared with the previous year, while the number of deaths was higher than in 1954. Heart disease in various forms was once again the main cause of death. Three deaths of infants in the first year of life, and one stillbirth, are recorded.

The incidence of infectious disease was low. Six cases of non-paralytic poliomyelitis were notified in the course of a notably dry and hot summer.

I should like to thank Mr Haylett, the Council's Surveyor and Sanitary Inspector, for his valuable assistance, not only in the preparation of this report, but in all aspects of our work together. I must record my appreciation also of the valuable co-operation of the General Medical Practitioners of the district.

In conclusion, I should like to thank the Council for their encouragement and support.

I have the honour to be,

Your obedient Servant,

WILLIAM PATERSON

Medical Officer of Health

December 1956

NATURAL AND SOCIAL CONDITIONS

Area (in acres) 52,544. Camelford Rural District is the country from Delabole Point in Port Isaac Bay to Strangles Beach, north of Boscastle, inland to St. Clether and south to St. Breward, and consists for the most part of three plateaux 400 ft., 700 ft. and 1,100 ft. above sea level.

The geology of the District is very complex, due to much faulting and over-thrusting. The rocks in the area west of the River Camel are Upper Devonian, and it is in these beds that the famous Delabole Slate has been quarried for several centuries. Along the northern boundary running east to west is Davidstow anti-cline, the northern flank of which disappears under the cūlm measures near Boscastle.

The beds in the anti-cline can be seen in the Tintagel Cliff Sections, black shales, slates and volcanics are well exposed. East of the River Camel is the granite mass of Dodmin Moor and at St. Breward a fine silver grey granite of the highest quality is quarried.

Population - The Registrar General has estimated the population for the mid-year 1955 to be 7,340, a decrease of 40 in the population for the previous year.

Vital Statistics - It is important that too much weight should not be attached to small variations in these rates from one year to the other, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

Deaths - The total number of deaths assigned to the District for the year was 101 compared with 87 in 1954. The crude death rate based on the mid-year population was 13.76 compared with 11.78 in the previous year.

The following table has been compiled for comparison with previous years:

<u>Year</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1951	115	58	57	15.65
1952	93	45	48	12.62
1953	87	43	44	11.87
1954	87	43	44	11.78
1955	101	51	50	13.76

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District, an "Area Comparability Factor" which has been estimated by the Registrar General as .83 for the District.

The Standardised Death Rate, therefore, is 11.42, which may be compared with that of 11.7 for England and Wales.

Births - The number of live births assigned to this District was 90 compared with 107 in 1954. The rate per thousand of the population was 12.26. When the Registrar General's Area Comparability Factor for births (1.14) is applied to this figure, the Standardised Birth Rate of 15.68 for this District compares with 15 for England and Wales.

Stillbirths - The number of stillbirths during 1955 was 1.

Illegitimate Births - There were 2 illegitimate births assigned to the District during the year, 1 male, 1 female, compared with 8 in 1954. Shown as a proportion of the total number of live births, this represents 2.22 per cent.

Maternal Mortality - No cases of death during pregnancy have been recorded.

Infant Mortality - The number of infants who died before reaching their first birthday was 3. The infant mortality rate of 33.33 compares with 24.9 for England and Wales per 1,000 related live births. Two of the deaths in the first day of life were due to prematurity, and the third at the age of six months was caused by meningitis associated with a congenital abnormality.

MORTALITY TABLE

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infection	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	2	1	3
11. Malignant neoplasm, lungs, bronchus	-	-	-
12. Malignant neoplasm, breast	-	2	2
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	6	2	8
15. Leukaemia, aleukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of the nervous system	4	5	9
18. Coronary disease, angina	4	5	9
19. Hypertension with heart disease	1	-	1
20. Other heart disease	13	17	30
21. Other circulatory disease	1	5	6
22. Influenza	-	2	2
23. Pneumonia	3	-	3
24. Bronchitis	3	-	3
25. Other diseases of respiratory system	2	-	2
26. Ulcer of stomach and duodenum	-	-	-
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	1	-	1
29. Hyperplasia of prostate	3	-	3
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	1	-	1
32. Other defined and ill-defined causes	5	8	13
33. Motor vehicle accidents	1	1	2
34. All other accidents	1	-	1
35. Suicide	-	1	1
36. Homicide and operations of war	-	-	-
<hr/>			
	51	50	101
<hr/>			

GENERAL PROVISION OF HEALTH SERVICES

General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district and in adjoining districts, all of whom undertake maternity medical services.

County Council Services

- I Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946 and provides the following services in the district:-
- (a) Midwifery and Home Nursing: Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
 - (b) Health Visiting: The nurse midwives act also as health visitors and, with special training in the care of the mother and young child, are available to give advice on health matters in the home or at the clinic. They act also as school nurses.
 - (c) Infant Welfare Centre: Monthly Infant Welfare Clinics are held at Camelford, St. Breward and Delabole.
 - (d) Dental Clinic: Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic at the Health Clinic, Launceston and at Camelford and Delabole.
 - (e) Vaccination and Immunisation: Facilities for vaccination against smallpox and immunisation against diphtheria and whooping cough are provided at the Infant Welfare Clinic or by the supply of materials to the family doctor.
 - (f) Home Help Service: Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
 - (g) Ambulance Service: A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilicon sitting case vehicles are used. When appropriate, some such cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from the Health Area Office, Launceston.
 - (h) Prevention of Illness, Care and After-Care: A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor. Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and nursing staff.

- (j) Mental Health: The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Duly Authorised Officer for the district works from the Health Area Office, Launceston.

- II Education Department: As local education authority, the County Council is responsible for the School Health Service, which provides the following:-

Periodic Medical Inspection of pupils.

Cleanliness Surveys of pupils.

Dental Inspection and Treatment of pupils.

Ascertainment of handicapped pupils in need of special education.

Treatment Clinics as follows:-

Dental Clinic - alternate Wednesdays at Camelford and Delabole,
and at Health Clinic, Launceston.

Speech Therapy - each Friday afternoon at Health Clinic, Launceston

Child Guidance - by arrangement at Plymouth Child Guidance Clinic.

- III Welfare Department: This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the district works from the Health Area Office, Launceston

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the area.

In-patient and out-patient facilities are provided by the Royal Cornwall Infirmary, Truro, the East Cornwall Hospital, Bodmin, Launceston Hospital and hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Isolation Hospital, Plymouth and the Isolation Hospital, Truro, and tuberculosis patients to Tehidy or Didworthy Sanatoria. Mental hospital accommodation is provided by St. Lawrence's Hospital and Laninval House, Bodmin, and by Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly in Camelford, and physiotherapy clinics are held at Tavistock Hospital, Dawfield Hospital, Holsworthy and at Bodmin. Chest Clinic sessions are held at Launceston Hospital and at the East Cornwall Hospital, Bodmin. An ophthalmic Clinic for school and pre-school children is held periodically at the Health Clinic, Launceston and at Camelford. A specialist ante-natal clinic is held at Launceston Health Clinic weekly.

Laboratory Facilities

These are provided by the Public Health Laboratory, Dix's Field, Exeter, to which specimens for bacteriological examination are sent.

SANITARY CIRCUMSTANCES OF THE DISTRICT

Water Supply

The water supplies of this District can be grouped into three classes:

- (i) supplied by the District Council
- (ii) supplied by other Authorities
- (iii) private springs and wells.

(i) The Parishes of Camelford, Boscastle and the majority of the properties in the parish of St. Breward are supplied by the District Council.

(ii) The area supplied by other Authorities are as follows:- Tintagel, St. Teath and Delabole are supplied by the North Cornwall Joint Water Board.

The only other water supplied to the district is the lower part of St. Breward by the Bodmin Water Company.

I must again draw the Council's attention to the urgent need for a potable supply of water for the northern part of the district, notably Otterham, Davidstow, Tremail and Trewassa.

The main supply to Camelford which in the past has been liable to animal pollution has now been provided with an additional 40,000 gallon Reservoir, together with a chlorination plant which also adjusts the very low pH of the water to give it a final pH of 7.0.

At Boscastle the danger still exists of supplies running short during the holiday season and in my report for 1954 I expressed concern that there would be no chlorination plant installed if additional springs were taken in from the Polrunny area.

I must again stress this point and add that I feel it most desirable that if another source other than Polrunny can be located it could be used during peak demand periods.

During the past year the following samples have been taken and results are as follows:-

A. Bacteriological - 1955

(i) Public Piped Supplies

Ministry of Health Classification

<u>District</u>	<u>Highly Satisfactory</u>	<u>Satisfactory</u>	<u>Suspicious</u>	<u>Unsatisfactory</u>
Camelford	3	-	-	-
Boscastle	2	-	-	-
St. Breward	1	-	-	1
	6	-	-	1

(ii) Other Public Supplies

<u>District</u>	<u>Highly Satisfactory</u>	<u>Satisfactory</u>	<u>Suspicious</u>	<u>Unsatisfactory</u>
St. Breward	2	-	-	-
Tresparrett	1	-	-	-
Helstone	1	-	-	-
Pencarrow	1	-	-	-
Michaelstow	1	-	-	-
	6	-	-	-

(iii) Private Supplies

Boscastle	-	1	-	-
Camelford	1	-	-	2
St. Breward	-	-	-	1
Lesnewth	1	-	-	-
St. Juliot	1	1	-	-
	3	2	-	3
Grand Totals	15	2	-	4

B. CHEMICAL

(i) Public Supplies Analysis

	<u>District</u>	
	<u>Camelford</u>	<u>Tresparrett</u>
pH Value	5.8	6.7
Turbidity	Less than 3	Less than 3
Temp. Hardness	18	34
Pern. Hardness	1	6
Chlorine as Chlorides	16	24
Total Solids	75	110
O. ₂ in 4 hrs. at 27°C.	0.20	0.20
Nitrogen as nitrites	Absent	Absent
Nitrogen as nitrates	2.0	1.6

All figures other than those for pH value, are expressed in parts per million.

NOTE: Both the above samples are plumbo solvent.

SEWERAGE AND SEWAGE DISPOSAL

The Council has sewerage schemes in the parishes of Camelford, Tintagel, Boscastle, Delabole and St. Teath.

At Tintagel and Boscastle the raw sewage discharges into the sea and no trouble has been experienced.

The Council's sewerage scheme for the hamlet of Treknock was completed during the year and the majority of houses connected. It is worthy to note that since laterals have been laid to the boundary of properties that the actual connections to houses have been done much more quickly and it has also obviated the necessity of continuous road breakage and maintenance.

Plans for the sewerage of St. Broward have been completed and it is hoped that the scheme will start very early in the New Year.

Provisional surveys have been made in connection with the partial re-sewerage of Camelford and the complete re-building of the present works which are grossly inadequate and are at present providing considerable pollution to the river Camel.

Public Cleansing

A comprehensive scheme covering approximately 90% of the properties in this district is in operation for the collection and disposal of house and trade refuse. Five tips are in operation and none appear to give rise to nuisance, although owing to the nature of the tipping areas it is not possible for controlled tipping to be carried out. With the ever increasing amount of refuse collected, it has become apparent that additional labour force will have to be employed to cater for the demand of this service.

The emptying of cesspits and septic tanks is carried out by a private company and this arrangement appears to be satisfactory in every way.

Prevention of Damage by Pests Act, 1949.

The Council, together with the neighbouring authorities of Wadebridge Rural District and Padstow U.D. operate a joint scheme, which runs smoothly and efficiently.

HOUSING

During the year it has been possible to carry out a considerable number of improvements to Council properties which for several years, particularly during the war, were not possible.

Improvements in the general standards of housing in this area, which had been mentioned in previous reports, continue, due I think, firstly to the considerable percentage of houses which are owner/occupied. The Council should be congratulated on their enlightened attitude to Improvement Grants which in many cases have prevented houses becoming little more than properties which would, in a very few years, require total demolition.

If a Slum Clearance Programme is carried out, it will mean a considerable amount of administrative work in this department and to expedite this, it would certainly seem that additional staff will have to be employed for a limited period.

If such Programmes are carried out it would certainly seem that the most economical method would be to deal with the larger parishes where housing land is available, and to build in larger numbers than heretofore, and this I am sure will considerably reduce the total cost per new dwelling.

Housing Statistics

1. Inspections of Dwelling Houses during the year:
 - (a) No. of dwelling houses inspected for defects under Public Health or Housing Acts 286
 - (b) Inspections made for the purpose 321
2.
 - (a) No. of dwelling houses inspected and recorded under Housing Consolidated Regs. 1925/32 NIL
 - (b) Inspections made for the purpose NIL
3. No. of dwelling houses found to be in a state dangerous or injurious to health as to be unfit for human habitation NIL
4. Dwelling houses (exclusive of those under preceding sub-heading) not in all respects reasonably fit for habitation NIL
5. Remedy of Defects during the year without the service of Formal Notice:
 - (a) No. of houses rendered fit in consequence of action by Local Authority or Officers 20
 - (b) Housing Act NIL
 - (c) Public Health Act NIL
6. Action under Statutory Powers during the year:
 - (a) Proceedings under Sections 9, 10 and 16 Housing Act 1936:
 - (i) Dwelling houses in respect of which notices were served requiring repairs NIL

	(ii) Dwelling houses rendered fit after service of formal notice	NIL
	By owners	NIL
	By Local Authority in default of owners	NIL
	(b) Proceedings under Public Health Acts:	
	(i) Dwelling houses in respect of which notices were served requiring defects to be remedied	NIL
	(ii) Dwelling houses in which defects were remedied after service of formal notices	NIL
	By Owners	NIL
	By Local Authority in default of owners	NIL
7.	(a) Proceedings under Sec.11 and 13 of the Housing Act 1936:	
	(i) Dwelling houses represented under Sec.11	NIL
	(ii) Dwelling houses in respect of demolition order	NIL
	(iii) Dwelling houses demolished	NIL
	(iv) Dwelling houses rendered fit by owner	NIL
	(v) Dwelling houses where undertakings not to re-let at end of present tenancy were accepted from the owners	NIL
	(b) Proceedings under Sec. 12 of the Housing Act, 1936:	
	(i) Separate tenements or underground rooms in respect of which Closing Orders were made	NIL
	(ii) No. of separate tenements or underground rooms in respect of which Closing Orders were determined	NIL
	(c) Proceedings under Sections 25 and 26 of Housing Act, 1936:	
	(i) No. of houses dealt with under Section 25	NIL
	(ii) No. of Clearance Orders made under section 26	NIL
	(iii) No. of families living in Clearance areas	NIL

INSPECTION AND SUPERVISION OF FOOD

1. Milk

Under the Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 3 licences were issued to traders outside the area to sell raw tuberculin tested milk in the area. 3 licences were also issued to enable dealers whose premises are within the District to sell milk under the Special Designated Pasteurised Regulations.

2. Ice-Cream

There are 25 premises registered for the sale and storage of ice-cream and of these only one manufactures the product. It is now possible for Local Authorities to exercise more stringent control over ice-cream manufacturers and mainly due to the co-operation of the trade, the day of the individual manufacture of ice-cream has disappeared in favour of the five or more larger manufacturers.

3. Condemnation of Unsound Food

During 1955 the quantity of food condemned was as follows:-

	<u>cwts.</u>	<u>qrts.</u>	<u>lbs</u>
Tinned Victoria Plums	1	-	$\frac{1}{4}$
Hind Quarter of Beef	-	1	19
Ox Tongues	-	-	12
Smoked Ham (Dutch)	-	-	$8\frac{1}{2}$
Tinned Ham	-	-	$8\frac{1}{2}$
Australian Cheese	-	2	24
Cheese	-	-	12
Pork Picnic Shoulder	-	-	$8\frac{1}{2}$
Steak & Kidney Pic	-	-	1
Cheddar Cheese	-	3	14
	3	1	$23\frac{3}{4}$

Meat Inspection

There are no licensed slaughterhouses in the District, the majority of home-killed meat being supplied from Launceston and Wadebridge, all of which is inspected at the Abattoir. The butchers' shops in the District on the whole are satisfactory.

FACTORIES ACT, 1937

Classified List of Registered Factories as
at 31st December, 1955

<u>Nature of Employment</u>	<u>Power</u>	<u>Non-Power</u>
1. Blacksmiths	-	2
2. Motor Repairs, Garages	7	5
3. Carpentry, Joinery & Sawmills	2	4
4. Monumental Masons	1	-
5. Plumbers	-	-
6. Bakeries	3	-
7. Coach Painters	-	1
8. Graphite Works	3	-
9. Knitwear	-	1
10. Bootmaker, Harness and Boot Repairs	1	1
11. Pottery Manufacturing	2	-
12. Cheese	1	-
13. Processing Slate Granules	1	-
14. Engineering	1	-
15. Concrete Products	2	-
16. Egg Grading & Packing	1	-

Prescribed Particulars on the Administration of
the Factories Act, 1937 for the year 1955

Factories Acts 1937 and 1948

	<u>Number</u>	<u>Inspections</u>	<u>Notices</u>
Factories without power	14	20	-
Factories with power	25	17	-
Other premises	9	9	-
	48	46	-

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS
AND OTHER DISEASE

Smallpox - No case was reported during the year. 83 primary vaccinations and 2 re-vaccinations were carried out.

Diphtheria - No case of this infection occurred during the year. 105 children completed a course of immunisation against this disease, the combined prophylactic against whooping cough and diphtheria being used in all but one instance.

Acute Poliomyelitis - Six cases of non-paralytic poliomyelitis were notified in September. Five of these cases occurred in members of one family. The diagnosis in these cases was not confirmed by laboratory examination, as the patients were not admitted to hospital. Their symptoms, which were mild, had largely subsided by the time they came under medical care and effective isolation was possible at home. The sixth patient, a contact of this family, was admitted to hospital where the diagnosis was confirmed by the laboratory. All six cases were associated with a patient living outside of the county, who was admitted to hospital on 2nd September with this infection. As this patient had been on holiday in the Camelford Rural District for the whole of the previous month as a guest of the family affected, there can be no doubt that this patient had acquired the infection in this district, but the source of this infection was not discovered.

Measles - Eight cases occurred during the year.

Food Poisoning - No case was notified during the year.

Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non-pul.</u>	<u>Pul.</u>	<u>Non-pul.</u>
Cases on Register 31.12.54	21	5	14	2
No. of cases notified during	1	-	3	-
Cases Restores year	-	-	-	-
Inward Transfers	4	1	-	1
Cases Removed	5	1	5	1
Total on Register 31.12.55	21	5	12	2

No action was found to be necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, in connection with persons suffering from pulmonary Tuberculosis employed in the milk trade, or under Section 172 of the Public Health Act, 1936, which deals with the compulsory removal to hospital of persons suffering from Tuberculosis.

The Regional Hospital Board is responsible for treatment of Tuberculosis patients and the County Council for the prevention of spread of the disease and after-care of the patients.

Out-patients and contacts are seen by the Chest Physician (Dr Mellor) at the Chest Clinic at Launceston Hospital, and East Cornwall Hospital, Bodmin. The County Council Tuberculosis Health Visitors attend the Clinics, follow up the patients in their homes, trace contacts and sources of infection and thus acting as most valuable and essential "liaison officers" between the curative and preventive services, bridge a most alarming gap.

All susceptible contacts in the District are offered B.C.G. Vaccination, and most avail themselves of this method of protection.

The scheme for B.C.G. Vaccination of susceptible school leavers continued during the year, again with an excellent response.

TABLE I
TUBERCULOSIS

Age and Sex Distribution of Cases and Deaths
1955

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulmonary</u>		<u>Other</u>		<u>Pulmonary</u>		<u>Other</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	1	1	-	-	-	-	-	-
20 -	-	1	-	-	-	-	-	-
25 -	-	-	-	-	-	-	-	-
35 -	-	-	-	-	-	-	-	-
45 -	-	1	-	-	-	-	-	-
55 -	-	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE II

VITAL STATISTICS

Year	Estimated Population	<u>Births</u>			<u>Deaths</u>		
		No.	Crude Rate	No.	Under 1 year Crude Rate	No.	All Ages Crude Rate
1951	7,347	97	13.20	2	20.61	115	15.65
1952	7,366	94	12.76	2	21.27	93	12.62
1953	7,330	95	12.96	4	42.10	87	11.87
1954	7,380	107	14.49	1	9.34	87	11.78
1955	7,340	88	12.26	3	33.33	101	13.76

TABLE III

Monthly Incidence of Notifiable Diseases (other than Tuberculosis)

	Jan.	Feb.	Mar.	April	May	June	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.	Total
Whooping Cough	-	-	-	-	-	-	-	2	-	-	-	-	2
Measles	1	-	-	1	2	-	-	4	-	-	-	-	8
Scarlet Fever	-	-	-	-	-	-	-	-	-	1	-	1	2
Pneumonia	-	-	-	-	-	1	-	-	-	-	-	-	1
Poliomyelitis non-para.	-	-	-	-	-	-	-	-	6	-	-	-	6
Erysipelas	-	-	-	-	-	-	-	1	-	-	-	-	1
Meningococcal Infection	-	-	1	-	-	-	-	-	-	-	-	-	1
Puerperal Pyrexia	-	-	-	-	-	-	-	-	1	-	-	-	1
	1	-	1	1	2	1	-	7	7	1	-	1	22

